

IC125 ILS 870

STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|------|
| FEE DETERMINATION   | RZ       | 70029  | 9/16 |
| O.I.P.E. CLASSIFIER |          |        |      |
| FORMALITY REVIEW    |          |        |      |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral) Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

| Claim |          | Date     |  |
|-------|----------|----------|--|
| Final | Original |          |  |
| 1     | 2        | 11/19/01 |  |
| 2     | 3        | 11/19/01 |  |
| 3     | 4        | 11/19/01 |  |
| 4     | 5        | 11/19/01 |  |
| 5     | 6        | 11/19/01 |  |
| 6     | 7        | 11/19/01 |  |
| 7     | 8        | 11/19/01 |  |
| 8     | 9        | 11/19/01 |  |
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| 11    | 12       | 11/19/01 |  |
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| 13    | 14       | 11/19/01 |  |
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| 49    | 50       | 11/19/01 |  |

| Claim |          | Date |  |
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If more than 150 claims or 10 actions  
staple additional sheet here

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